

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**REGISTRATION FOR ELECTRONIC FUNDS TRANSFER
OF BUSINESS TAX PAYMENT**

IMPORTANT	<p>NEW HAMPSHIRE'S BANK ACCOUNT INFORMATION WILL BE PROVIDED TO YOU ALONG WITH YOUR APPROVAL FOR THE NEW HAMPSHIRE EFT PROGRAM.</p> <p>New Hampshire requires all taxpayers having a total liability for Business Profits Tax, RSA 77-A, and/or a Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year to submit tax payments by electronic funds transfer (EFT). Taxpayers with tax liabilities under the mandatory threshold of \$100,000 may also participate in New Hampshire's EFT program.</p>
WHEN TO USE	<p>If you meet the mandatory threshold to make your tax payments via EFT, you must submit this form to register as an EFT taxpayer with the New Hampshire Department of Revenue. If you are below the mandatory threshold, but wish to voluntarily participate in the EFT program, you must submit this form to register with the Department. The information provided on this form should include the name, address and telephone number of the contact person(s) for EFT purposes. In addition, this form should be used to report any changes in your registration information (i.e., a change in taxpayer contact, telephone number, etc). This form is available in the EFT Program Information Guide and in the New Hampshire Package X. The Package X form does <u>not</u> include the instructions or record formats required to make your payments via EFT. If you use the Package X form, please contact DRA's Document Processing Division at (603) 271-2186 for the complete EFT Program Information Guide.</p>
WHEN TO FILE	<p>This form must be filed at least 30 days prior to the due date of your first EFT payment. Any changes in the registration information must be provided to the Department at least 30 days prior to the change.</p>
PRENOTE TEST	<p>All taxpayers participating in New Hampshire's EFT program are required to complete a successful Prenote Test at least 10 calendar days prior to the due date of their first EFT payment.</p>
WHERE TO FILE	<p>Mail To: NH Dept Revenue Administration, Document Processing Division, PO Box 1004, Concord, NH 03302-1004.</p>
NEED HELP	<p>Call the NH Department of Revenue Administration, Document Processing Division at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.</p>

Registration for Electronic Funds Transfer Payment

Please Print or Type

Taxpayer Name		Proprietor's Social Security Number ____-____-____	
ENTITY TYPE: Check one of the following: <input type="checkbox"/> ② Corporation <input type="checkbox"/> ① Proprietorship <input type="checkbox"/> ③ Partnership <input type="checkbox"/> ④ Fiduciary <input type="checkbox"/> ⑥ Combined Group <input type="checkbox"/> ⑤ Non-Profit Organization		FEIN ____-____-____	
Primary Contact Person	Telephone ()	Fax Number ()	
Secondary Contact Person	Telephone ()	Fax Number ()	
Number and Street Address			
City or Town, State & Zip Code			

Please check one of the following:

☐ New Registration

☐ Change Document

FOR DRA USE ONLY

**Mail
To:**

NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 1004
CONCORD NH 03302-1004
(603)271-2186

Approved by _____

Date _____